

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		11/29/94
O.I.P.E. CLASSIFIER	SN	32	12/1/94
FORMALITY REVIEW	ML	71520	12/30/94

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	02-07-94
2	✓	✓	01/06/94
3	✓	✓	02/03/94
4	✓	✓	02/09/94
5	✓	✓	02/24/94
6	✓	✓	02/24/94
7	✓	✓	02/24/94
8	✓	✓	02/24/94
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If more than 150 claims or 10 actions  
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